WATER WELL R	ECORD	Form V	WWC-5	Div	ision of Water					
Original Record	Correction	Chang	e in Well Use	Reso	urces App. No		Well ID			
1 LOCATION OF W	ATER WEL	L:	Fraction		tion Number	~ 	per Range Number			
County: SEDGWIC	CK		NW 14 NE 14 NE 1		24	T 29 S	R 2 □E ■ W			
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and										
Business: LAWREN			1 25.				er's address, check here:			
Address:						•	_			
Address: P.O BOX 82 1122 RED RIVER CIR., CLEARWATER KS,67026										
City: CLEARWATER State: KS ZIP: 67026										
3 LOCATE WELL										
WITH "X" IN 4 DEPTH OF COMPLETED WELL:60 ft. 5 Latitude:										
SECTION BOX: Depth(s) Groundwater Encountered: 1)										
N										
WELL'S STATIC WATER LEVEL: 18 Source for Latitude/Longitude:										
below land surface, measured on (mo-day-yr). 12/20/										
above land surface, measured on (mo-day-yr)					(**************************************					
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map				
W	alter	after hours pumping								
SW SE	Well water was ft. after hours pumping gpm									
	Estimated Y	nours	s pumping	. gpm	6 Elevati	ion: f	t. Ground Level TOC			
S	iomotor	10.5 in to 60	ft and Source: Land Survey GPS Topographic Map							
mile	Bote Hole D	nameter		it. and	Boarce.					
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
1. Domestic:										
	Household 6. Dewatering: how many wells?						11. Test Hole: well ID			
Lawn & Garden 7. Aquifer Recharge: well ID										
Livestock										
	2. Irrigation 9. Environmental Remediation: well ID									
3. Feedlot		Air Sparge		Extraction			ischarge 🔲 Inj. of Water			
4. 🗌 Industrial 🔲 Recovery 🔲 Injection 13. 🖂 Other (specify):										
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:										
Water well disinfected? ■ Yes □ No										
2 TYPE OF CASING USED: □ Steel ■ PVC □ Other CASING IOINTS: ■ Glued □ Clamped □ Welded □ Threaded										
Casing diameter 5 in to 60 ft Diameter in to ft Diameter in to										
Casing diameter 5 in to 60 ft., Diameter in to ft. Diameter in to ft. Casing height above land surface 16 in Weight lbs/ft. Wall thickness or gauge No. SDR-26										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
Brass Galvanized Steel Concrete tile None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
☐ Continuous Slot										
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)										
SCREEN-PERFORATED INTERVALS: From #0 ft. to 60 ft., From ft. to ft., From ft. to ft.										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Nearest source of possible contamination:										
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage										
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well										
■ Watertight Sewer Lines										
☐ Other (Specify) Direction from well? NORTH EAST Distance from well? .14 ft.										
10 FROM TO		ITHOLOG	GIC LOG	FROM	TO I	JTHO. LOG (cont.) o	r PLUGGING INTERVALS			
	TOP SOIL									
	CLAY									
	MED SAND	& CLAY	VIX							
	MED SAND									
	SRAY SHAL	F								
30 00	JIVAT OFFAL									
	 			Natari						
Notes:										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged										
under my jurisdiction and was completed on (mo-day-year) .12/20/20.17 and this record is true to the best of my knowledge and belief.										
Kansas Water Well Contractor's License No. 884 This Water Well Record was completed on (mo-day-year)										
under the business name of .WENINGER.DRILLING LLC										
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,										
	ong with a fee of	\$5.00 for eac	ch constructed well to: Ka	unsas Department	of Health and E	nvironment, Bureau of V	Vater, GWTS Section,			
	ong with a fee of S t., Suite 420, Top	\$5.00 for <u>eac</u> eka, Kansas	ch constructed well to: Ka 66612-1367. Mail one to	unsas Department	of Health and E ner and retain on	nvironment, Bureau of V	Vater, GWTS Section,			